



URBANYOGA
NYC

New Client Evaluation Form

Date _____

First Name _____ Last Name _____

Street Address _____ Apt # _____

City _____

State _____ Zip Code: _____

E-mail: _____

Cell: _____ Work: _____ Home: _____

HOW DID YOU HEAR ABOUT Urban Yoga NYC (Please check all that apply)

Referral: Yes ___ No ___ Is he or she a current or former client? ___ Yes ___ No

If YES, Please PRINT their name(s) _____

Instagram ___ Yes ___ No ___ Facebook ___ Yes ___ No ___

Other: _____

Do you belong to a health club or gym currently? Y or N If YES, which one(s) _____

Are you exercising currently? ___ Yes ___ No If yes, # days per week _____

Are you working with a trainer presently? ___ Yes ___ No If yes, # days per week _____

Do you have a gym in your building? ___ Yes ___ No

Do you have a gym in your office? ___ Yes ___ No

Do you travel often? ___ Yes ___ No If so, how many days per month? _____

Do you have any exercise equipment at home? ___ Yes ___ No

If YES, please specify _____

What are your Goals? (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Lose Weight | <input type="checkbox"/> Train for a Specific Event |
| <input type="checkbox"/> Tone Upper Body | <input type="checkbox"/> Improve Overall Health |
| <input type="checkbox"/> Tone Entire Body | <input type="checkbox"/> Improve Flexibility |
| <input type="checkbox"/> Tone Lower Body | <input type="checkbox"/> Reduce Cellulite |
| <input type="checkbox"/> Gain Muscle | <input type="checkbox"/> Improve Sport Specific Skill |

Reduce: ___ Thighs ___ Hips ___ Abdomen ___ Upper Arms

Increase: ___ Thighs ___ Hips ___ Abdomen ___ Upper Arms

Other, please explain: _____

What has prevented you from reaching your fitness, health, aesthetic &/or weight loss goals? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Procrastination | <input type="checkbox"/> You Don't Know How to Properly Exercise |
| <input type="checkbox"/> Hectic Lifestyle | <input type="checkbox"/> It's Not a Priority |
| <input type="checkbox"/> Lack of Results | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Medical &/or Orthopedic Issues, Fear of Getting Injured or Re-injured | |

Other, please explain: _____

On a scale of 1-10, how important is it for you to look and feel your best? _____

Risk Factor Identification:

Please place a ✓ where applicable

| <u>Do you?</u> | <u>Yes</u> | <u>No</u> | <u>Don't Know</u> |
|--|------------|-----------|-------------------|
| 1. Smoke | ___ | ___ | ___ |
| 2. Have Diabetes Mellitus or take medicine to control your blood sugar | ___ | ___ | ___ |
| 3. Have a Family History of Coronary Heart Disease (CHD) Before age 50 | ___ | ___ | ___ |
| 4. Have Blood Pressure over 140/90, OR under 90/60 | ___ | ___ | ___ |
| 5. Are you on medication that lowers/raises it? | ___ | ___ | ___ |
| 6. Have Measured total cholesterol level over 240mg/dL | ___ | ___ | ___ |
| 7. Have an abnormal Echocardiogram (ECG), chest and/or calf or pain that radiates to the jaw | ___ | ___ | ___ |
| 8. Engage in a Sedentary Lifestyle | ___ | ___ | ___ |
| 9. Mother or sister had heart attack before age 65 | ___ | ___ | ___ |
| 10. Father or brother had heart attack before age 55 | ___ | ___ | ___ |
| 11. Obesity - Over 30% body fat | ___ | ___ | ___ |
| 12. Engage in a Stressful lifestyle | ___ | ___ | ___ |

Age: _____ Sex: _____ Height: _____ Weight: _____

Medications: _____

Orthopedic conditions/limitations: _____

To the best of my knowledge, I affirm that the above information is true and accurate.

(Signature)

(Date)

(Print Name)

I, the undersigned, wish to participate in the Exercise & Yoga Program offered by Urban Yoga NYC. I understand that there are inherent risks in participating in a program of strenuous exercise. Consequently, I have been examined by a physician of my choice and have obtained his/her approval for my participation in an exercise program. I agree to notify Urban Yoga NYC of any change in my ability to participate in the program.

I have been asked by Urban Yoga NYC in the questionnaire above about my medical & orthopedic background, my risk factors, my current level of fitness and other pertinent lifestyle, medical/health issues that Urban Yoga NYC should be made aware of in order for Urban Yoga NYC to properly design a safe exercise prescription on my behalf and to the best of my knowledge, I affirm that the information that I supplied to Urban Yoga NYC is true and accurate.

I agree to notify Urban Yoga NYC immediately if there are any circumstances that give rise to a change in my medical condition.

I hereby confirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in the Exercise & Yoga Program.

I agree that Urban Yoga NYC shall not be liable or responsible for any injuries to me resulting from my participation which shall be at my sole risk in the Urban Yoga NYC fitness program including my participation in any and all exercises, and the use of any and all exercise equipment and accessories. I expressly release and discharge Urban Yoga NYC and its employees, servants, agents and assigns from all claims, causes of action, suits of whatever nature, damages, judgments and expenses (including attorneys fees) which I or my heirs, executors, administrators or assigns may have or claim to have against Urban Yoga NYC and/or its employees, agents, servants or assigns, for any and all injuries or other damage which may occur in connection with my participation in the Urban Yoga NYC program. This release shall be binding upon my heirs, executors, administrators and assigns.

I have read this release and I understand all its terms. I execute it voluntarily and with full knowledge of its significance.

(Signature)

(Print Name)

(Date)